



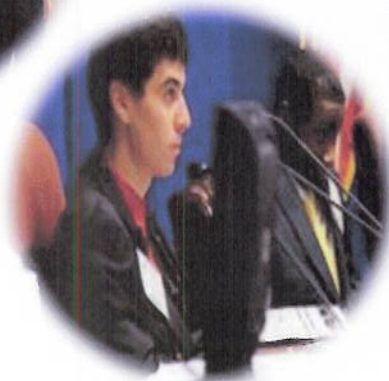
Government of the District of Columbia  
The Executive Office of the Mayor  
The District of Columbia Youth Advisory Council



## The District of Columbia Youth Advisory Council (DCYAC) 2012-2013 Membership Application

*"Youth Influencing Change in the District of Columbia"*

youth advisory council





One City...One Government...One Voice

THE GOVERNMENT OF THE DISTRICT OF COLUMBIA  
THE EXECUTIVE OFFICE OF THE MAYOR  
THE DISTRICT OF COLUMBIA YOUTH ADVISORY COUNCIL  
The Frank D. Reeves Center for Municipal Affairs  
2000 14th Street, N.W.  
Suite 400 North  
Washington, D.C. 20009

**The District of Columbia Youth Advisory Council Application (2012-2013)**

Thank you for your interest in serving on the District of Columbia Youth Advisory (DCYAC)! This is an exciting opportunity for youth, ages 13-22, to serve as agents of change in their communities by representing the ideas and perspectives of youth throughout the District of Columbia. Priority is given to ensuring representation of as many schools, demographic groups, and neighborhoods as possible. Full Body meetings will take place every other Thursday, 4:00-5:30pm, at the historic Charles Sumner School Museum and Archives (1201 17<sup>th</sup> Street, N.W., Washington, D.C. 20036) during the school year. In order to serve on the DCYAC, you should be able to commit at least 15 hours per month to the program, which runs September 2012 through August 2013. All candidates must complete the DCYAC Application, and submit a letter of recommendation. (Online and print versions are available on the DCYAC website - [dcyac.dc.gov](http://dcyac.dc.gov).) **Applications must be submitted by Friday, August 17, 2012.** Applicants are required to submit a letter of recommendation at the time of their scheduled interview. If you have any questions, please contact the DCYAC Office at 202.727.7968, or [dcyac@dc.gov](mailto:dcyac@dc.gov).

**PERSONAL INFORMATION**

TYPE OR PRINT CLEARLY IN DARK INK

Full Name:			
	Last	First	Middle
Home Address:			
City/State:	Zip Code:	E-mail Address:	
Home Phone:	Cell Phone:		
Date of Birth	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
(MM/DD/YYYY)			
Parent(s)/Legal Guardian(s) Name(s):	Relationship:		
Parent(s)/Legal Guardian(s) Address:			
City/State:	Zip Code:	E-mail Address:	
Home Telephone:	Daytime Telephone:	Cell Telephone:	
Name of Emergency Contact:	Relationship:		
Emergency Contact Address:			
City/State:	Zip Code:	E-mail Address:	
Home Telephone:	Daytime Telephone:	Cell Telephone:	

**EDUCATION**

**School**

Current grade: ☐ 8<sup>th</sup> grade ☐ 9<sup>th</sup> grade ☐ 10<sup>th</sup> grade ☐ 11<sup>th</sup> grade ☐ 12<sup>th</sup> grade ☐ Other/Not in school

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Are you enrolled in a GED high school equivalency? ☐ Yes ☐ No

**Colleges and Universities**

Current year in college: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Name of College/University: \_\_\_\_\_



College/University Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_

### SHORT ANSWER QUESTIONS

Type or print your answers in the space provided below or on a separate sheet of paper.

1. Why do you want to become a member of the DCYAC?

2. List any employment, activities, or groups in which you are involved or that you plan to be involved in during the 2012-2013 school year.

3. What issues are you most passionate about in your community, and why?

4. Serving as a member of the DCYAC requires a significant time commitment. Will you be able to commit to at least 15 hours a month?

5. Indicate any of your current commitments that will conflict with your ability to participate actively in the DCYAC's programming and activities.

### YOU MUST SIGN THIS APPLICATION.

I, \_\_\_\_\_, hereby acknowledge my receipt of the overview of the District of Columbia Youth Advisory Council (DCYAC).  
(PRINT APPLICANT'S FULL NAME)

I am in agreement with the membership terms of the DCYAC as outlined in the Disclosure Statement and Program Overview. I am also aware that, as a member of the DCYAC, I will be required to participate in off-site public service projects and program activities at locations in the District of Columbia, under the supervision of staff from the Executive Office of the Mayor of the District of Columbia.

I understand that a false statement on any part of my application may be grounds for me not being accepted or terminated as a member of the DCYAC. I understand that any information I give may be investigated at any time. I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, and complete.

Signature

Date

### Parental/Legal Guardian Consent (Required for all applicants under the age of 18.)

I, \_\_\_\_\_, am the parent/legal guardian of the applicant (my child). I acknowledge my receipt of the overview of the  
(PRINT PARENT/LEGAL GUARDIAN'S FULL NAME)

District of Columbia Youth Advisory Council (DCYAC). I am in agreement with the membership terms of the DCYAC as outlined in the Disclosure Statement and Program Overview. I am also aware that, if selected for membership, my child will be required to participate in off-site public service projects and program activities at locations in the District of Columbia, under the supervision of staff from the Executive Office of the Mayor of the District of Columbia.

I hereby grant my child, \_\_\_\_\_, permission to apply for the DCYAC.  
(PRINT APPLICANT'S FULL NAME)

Signature

Date



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THE OFFICE OF COMMUNITY AFFAIRS  
THE DISTRICT OF COLUMBIA YOUTH ADVISORY COUNCIL  
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**The District of Columbia Youth Advisory Council Letter of Recommendation (2012-2013)**

**Instructions for the applicant** – Complete **PART 1**, and submit this form to your recommender, which may include a community leader, teacher, employer, or adult mentor. **The recommender cannot be a relative or a personal friend.** Once completed and returned to you, the recommendation should be included with your complete application packet.

**PART 1**

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

**Instructions for the recommender** – Complete **PART 2**. After completion, sign and return to the applicant. You may also include a separate letter of recommendation or additional pages if necessary.

**PART 2**

1. How long have you known the applicant? \_\_\_\_\_  
Years Months
2. In what capacity do you know the applicant?  
\_\_\_\_\_
3. What do you believe are the applicant's strongest qualities that make him/her an ideal candidate for the DCYAC? Please give your impressions of the applicant's ability to fulfill commitments and to engage his/her peers in a group setting. Comment on the applicant's character. Based on your knowledge, experience, and interaction with the applicant, how do you envision his/her future performance? If applicable, include any known obstacles the applicant has had to overcome (e.g., economic, social, cultural, educational, or other disadvantages).

**OVERALL RECOMMENDATION**

Do you recommend this applicant to the DCYAC?

Highly recommend  
☐

Recommend  
☐

Recommend with reservation  
☐

Do not recommend  
☐

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Organization/School/Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_